



PATIENT

Wally Young

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

19.2 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Jimerson

INVOICE

77695

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Increasing post-prandial vomiting, chronic anal sacculitis, and episodic back-twitching/possible partial seizures. His lab work shows persistent mild neutropenia, historical mild ALP elevation, and recent lipemia. abdominal ultrasound to evaluate for hepatobiliary disease, GI inflammation or motility disorders, pancreatic disease, urinary contributors, or any abdominal pathology that may relate to vomiting or chronic anal gland issues.

Abnormal PE/Chem/CBC/UA Results: CBC Trends (2022 → 2024 → 2025) 9/27/25 CBC - WBC: 6.7 K/ μ L - Neutrophils: 2.446 K/ μ L (LLN 2.62) → persistent mild neutropenia - Eosinophils: 0.094 K/ μ L (low) - Platelets: 307 K/ μ L - Technician review: unremarkable 10/29/24 CBC - Neutrophils: 2.1 K/ μ L (low) - Eosinophils: 0.083 K/ μ L (low) - Reactive lymphocytes present 9/27/25 Chemistry - Glucose: 89 mg/dL - SDMA: 8 μ g/dL - Creatinine: 1.4 mg/dL - BUN: 20 mg/dL - Albumin: 3.4 g/dL - Globulin: 3.3 g/dL - A:G ratio: 1.0 - ALT: 57 U/L - ALP: 52 U/L (normal) - Sample required ultracentrifugation due to gross lipemia 10/29/24 Chemistry - ALP: 74 U/L - A:G ratio: 1.3 - Cholesterol: 306 mg/dL - ALT: 59 U/L 10/28/22 Chemistry - ALP: 64 U/L - ALT: 50 U/L Urinalysis (2024) - USG: 1.044 - 1+ protein, 3+ blood - Occasional struvite crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.4 cm, right measured 4.3 cm), with normal echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Bilateral corticomedullary rim sign was present.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.87 cm in length and 0.36 cm in width. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes versus early chronic kidney disease
- Bilateral corticomedullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the corticomedullary rim sign may be an incidental finding, it can be associated with bacterial nephritis, granulomatous disease, hypercalcemia and lymphoma.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the stomach appears ultrasonographically normal, with the presenting clinical signs, an underlying gastropathy such as chronic gastritis, Helicobacter gastritis, parasitic gastroenteritis, inflammatory bowel disease and dietary hypersensitivity should still be considered.

Further assessment would be fecal analysis, cobalamin and folate assay, serum calcium (if not already done) and endoscopy of the upper GI tract with biopsies.



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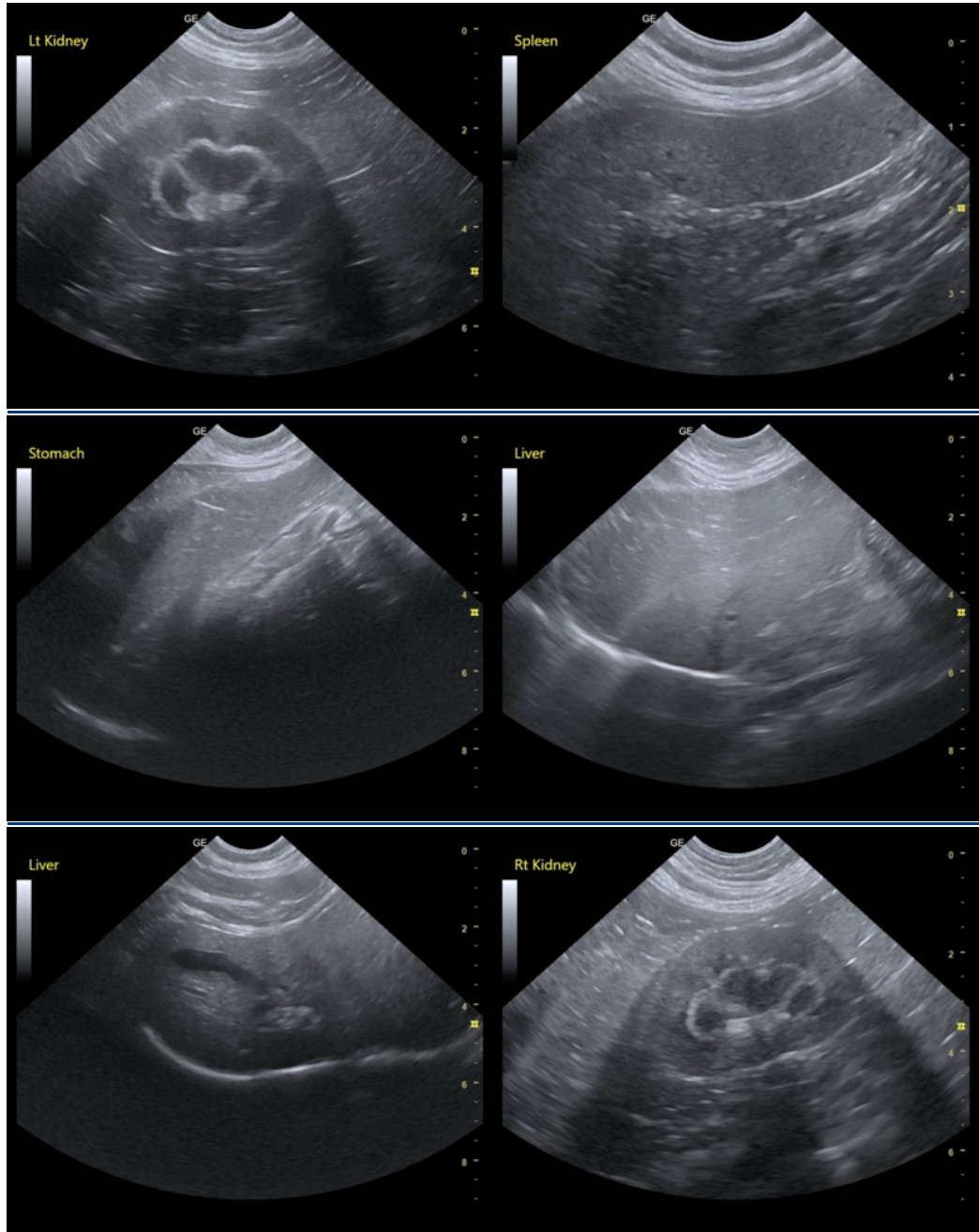
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Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding small, frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then triple therapy for Helicobacter gastritis and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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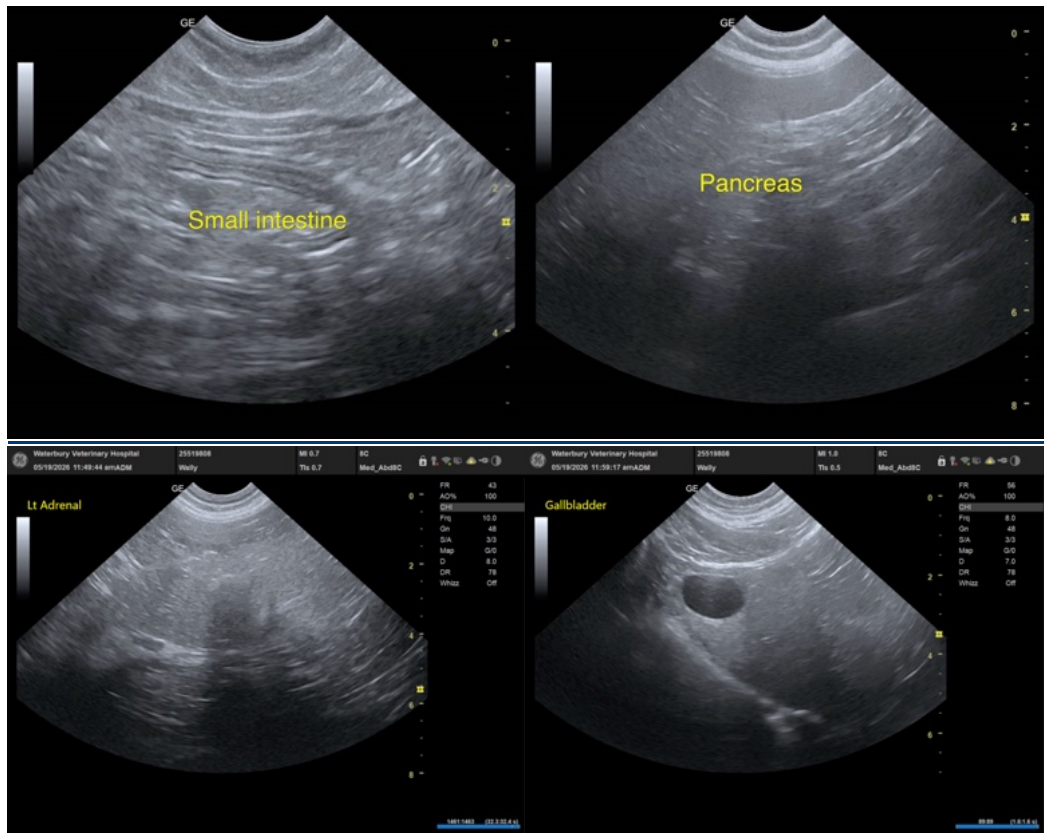
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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